

Registration Form

Class registration begins Monday, February 6, 2006

Participant or legal guardian must complete the form in its entirety prior to the first class meeting.

Please make checks payable to the "City of Rocklin" and submit form with payment to:
Rocklin Community Services, 2650 Sunset Blvd, Rocklin, CA 95677

Participant's **LAST NAME:** _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Work) _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Participant(s) First Name (s)	DOB	Class Name	Registration Code	Price	Office

***Class Confirmation notices will NOT BE SENT. Consider yourself registered unless otherwise notified.**

Refund Policies

Refunds are issued only if a class is cancelled by the Department, and when date, time, or location of class changes to prohibit attendance. Allow up to 30 business days for processing. Refund requests must be in writing. Forms are available in the Community Services-Recreation Office. All requests are subject to approval. Request forms must be submitted at least three days prior to class start date. No other refunds, credits, or transfers will be made except under special circumstances.

Release & Indemnity

In consideration for being permitted by the City of Rocklin to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant (if under 18, Parent or Guardian) _____

Date _____ Name (Please Print) _____

Photograph Release

I hereby grant to the City of Rocklin the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Rocklin business. I fully understand that I hold no control over the use of the photograph(s) of which I or my child is a part. Further, I grant to the City of Rocklin, and those who the city may represent, the right to use my name or my child's name. I hereby release the City of Rocklin from any and all claims and demands arising out of, or in connection with, the use of the photograph(s), including any claims of libel. This authorization and release shall also apply to those working with, or in connection with, the City of Rocklin, as well as the person(s) who took the photograph(s). **I have fully read the foregoing and completely understand the contents.**

Signature of Participant (if under 18, Parent or Guardian) _____

Date _____ Name (Please Print) _____

Amount: _____	Rect # _____	Check # _____	Date _____	By _____
Amount: _____	Rect # _____	Check # _____	Date _____	By _____
Amount: _____	Rect # _____	Check # _____	Date _____	By _____